PATE	NT APPLICATION F	EE DETERMI	NATIO	N RECOR	o Irademerk ( (Information ur	Africa: U S	DEPARTMEN	TOP COMME
	PLICATION AS FILED -	1007	S Effe	dive Decembe	8.2004	1 100	16016	1 Humps
FOR	(Column 1)	· (Cotumn 2)		SMAL	L ENTITY	OR	OTH	ER THAN L ENTITY
BASIC FEE DI CFR 1 15(4) (N) & (4)	MUMBER FLED NA	HUMBER EXT	Ru	RATER	FEE (I)	<b>j</b>	RATE (I)	
SEARCH FEE	. NA	N/A		PUA	150.00	]	NIA	300.00
EXAMINATION FEE (37 CFR   1 (Kd. b), or (N). TOTAL CLAIMS	N/A	N/A ·		· NA ·	\$250.	1	MIA	\$600
INDEPENDENT CLASS	manus 20 -		$\neg$	X\$ 25	\$100		· NA	\$200
(37 CFR 1 16(N))	mmus 3 = -		$\neg$	X100	<b> </b>	OR	X\$50	
APPLICATION SIZE FEE (37 CFR 1 18(1))	il the specification and draheets of paper, the applies \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and	ntity) for each action thereof. Se	ie				X200 .	
MULTIPLE DEPENDENT CL	AIM PRESENT D7 OFR 1 160	<i>i</i> i	71	+180=		- }-	+360=	
the Stiffelice in column 9 is less than zero, enter "o" in column 2. TOTAL						L		
APPUCATION	ON AS AMENDED - PA	ART II					TOTAL	
Total  Total  AMEND  APT  AMEND  APT  AMEND  APT  AMEND  APT  APT  APT  AMEND  APT  APT  APT  APT  APT  APT  APT  AP	MENT PREVIOUS PAID PAID PAID PAID PAID PAID PAID PAID	ISLY EXTRA	X: X   X     101	825 .	ADDI- TIONAL PEE (S)	X X X X X X X X X X X X X X X X X X X	50 a 00 a	ADOX. FIGNAL FEE (8)
(Column CLAIMS	Column	2) (Cotumn 3)			OR	ADO	FEE	
G-9-06 REMANUI AFTER AMENOME  Total profession 20  Independent of the profession 20  Total pr	NUMBER PREVIOUSL PAID FOR		<b>_</b>	110	101- NAL (5)	<u> </u>	TK FE	DOI- DNAL E (\$)
Application Size Fee (37 CFR			X10		OR	X\$50 X200	-	
FURST PRESENTATION OF MULT	IPLE DEPENDENT CLAIM GIT C	¥0.1440			OR .	200		<u></u>
			+18		OR	+360	e e	<b>—</b>
he Highest Number Previously ection of Information is require to process) an application. Cor gathering, preparing, and sub-	than the entry in column 2, writely Paid For the THES SPACE by Paid For (Total or Independed by 37 CPR 1.16. The Information of the things of	is less than 3, enter ent) is the highest named in the highest of mation is required in U.S.O. 122 and 37 (	o obtain	and in the approp	שמעם שהע קיי ייי	C WALLS		/ the
	need essistance in completion	1460, Alexandri	713-1450. 3, VA 22	00 NOT SEND 313-1460.	FEES OR CO	MPLETE	D FORMS TO T	tent HIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2